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REISSUE PATENT APPLICATION TRANSMITTAL

	to: Assistant Commissioner for Patents			/ Docket No.	110	11032/5 👸			
Address to				med Inventor	Dv	Dwight Allen Merriman			
Audioss l				Patent Numbe	r 5,9	948,061			
Box Patent Application Washington, DC 20231				Patent Issue Donth/Day/Year)	Se Se	ept. 7, 1999			
			Express	Express Mail Label No.		-1 79 106343US			
	TION FOR REISSUE OF: heck applicable box)	✓ Utilit	/ Patent	Desig	n Patent	Plant Patent			
APP	LICATION ELEMENTS		AC	ACCOMPANYING APPLICATION PARTS					
1 ; 4/ :	Fee Transmittal Form (PTO/SB/50 Submit an original, and a duplicate for the	•	7.						
2. 🗸 8	Specification and Claims (amended	8.	8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
3.	Orawing(s) (proposed amendments	;, if appropriate)	9.	9. English Translation of Reissue Oath/Declaration (if applicable)					
	Reissue Oath / Declaration (origina 37 C.F.R. § 1.175)(PTO/SB/51 or		10.	Small Entity Statement filed in prior applic Statement(s) Status still proper and desired (PTO/SB/09-12) 11. Preliminary Amendment Return Receipt Postcard (MPEP 503)					
	IU.S. Patent Offer to Surrender Original Patent <i>(</i>	′37 C.F.R. § 1.178	11.						
	PTO/SB/53 or PTO/SB/54)		12.						
"	Ribboned Original Patent G	rant		(Should be specifically itemized)					
·	Affidavit / Declaration of Los	ss <i>(PTO/SB/55)</i>	13.	13. Other:					
6. Original (J.S. Patent currently assigned?								
/// //	Yes No								
[mmq	(If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SR/53 or 54) TNOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY								
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED									
³	7 C.F.R. § 3.73(b) Statement	Attorney	IS RE	LIED UPON (37 C.F	.R. § 1.28).				
	14. (ORRESPOND	NCE ADD	RESS					
Customer Number or Bar Code Label or Correspondence address below (Insert Customer No. or Attach bar code label here)									
Name	Gerard A. Messina								
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Country	Country USA Telephone (212) 425-7200 Fax (212) 425-5288								
NAME (Print/Type) Gerard A. Messina Registration No. (Attorney/Agent) 35,952									
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PTO/SB/56 (12-97)
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)					
C REISSUE APPLICATION FEE TRANSMITTAL FORM							11032/5				
Claims as Filed - Part 1											
€laims in	For		r Filed in	Num	(3) nber Extra	Small I		-	7-	a Small Entity	
Retent	For		Application	****	IDEI LXIIA	Rate	Fee	<u> </u>	Rate	Fee	
50 y	Total Claims (37 CFR 1.16(j))	(B)	50		0 =	x \$=		or	x \$=	0	
<u>(C)</u> 9	Independent Claims (37 CFR 1.16(i))	(D)	9		0 =	x \$=			x \$=	0	
		Basi	c Fee	e (37 CFF	R 1.16(h))	\$			\$ 690.00		
			To	otal F	iling Fee		\$		OR	\$ 690.00	
		Claim	is as Amen	ded	- Part 2						
	(1) Claims Remainir	ıg	(2) Highest Numl Previously Paid For	nber	(3) Extra	Small E	ntity		Other than	a Small Entity	
···-	After Amendmer	nt		y	Claims Present	Rate	Fee		Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	***		<u>*</u> =	x \$=		or	x \$=		
Independent Claims (37 CFR 1.1	*** 6(i))	MINUS	****	<i>.</i>	=	x \$=			x \$=		
Total Additional Fee \$ OR \$								\$			
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancelation of claims ***** After any cancelation of claims ***** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20). ****** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Please charge Deposit Account No. 11-0600 in the amount of \$690.00 . A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0600 . A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filling / additional fee is enclosed.											
5/24/ Date	<u>00</u>		Gerard		Messina	Applicant, a, Reg.	No. 3	5,9		f Record	

EXPRESS MAIL CERTIFICATE

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Boris Polanco	
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Title: METHOD OF DELIVERY, TARGETING, AND MEASURING ADVERTISING OVER NETWORKS

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